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Signature

Name

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| I hereby revoke all previous powers of attorne 37 CFR 3.73(b). | y given in the app | lication identified in the | attached statement under |
| I hereby appoint: | | | |
| Practitioners associated with the Customer Number | r. | 80236 | |
| OR | | | |
| Practitioner(s) named below (if more than ten pater | t practitioners are to t | se named, then a customer nu | umber must be used): |
| Name | Registration | | |
| | Number | | Number |
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| as attorney(s) or agent(s) to represent the undersigned be | ore the United States | Patent and Trademark Office | (USPTO) in connection with |
| any and all patent applications assigned only to the unders attached to this form in accordance with 37 CFR 3.73(b). | igned according to th | e USPTO assignment records | or assignment documents |
| Pleaso change the correspondence address for the applica | tion identified in the | Manhad at alaman to and a A 7 of | 2CD 0 70014. |
| application and applications are applications are applications and applications are applications and applications are applica | THE PARTY OF THE P | macried statement under 57 C | 2FR 3.73(0) to: |
| The address associated with Cost and black | 9 | 80236 | |
| The address associated with Customer Number: OR | | 10200 | |
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| copy of this form, together with a statement und | der 37 CFR 3.73(b) | (Form PTO/SB/96 or eq | ulvalent) is required to be |
| ied in each application in which this form is used | 1. The statement | under 37 CFR 3 73(h) ma | y he completed by one of |
| ne practitioners appointed in this form if the appoint must identify the application in which this Po | ointed practitioner wer of Attorney is | 'is authorized to act on I | behalf of the assignee, |
| | | | |

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Joan B. Stafslien

SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Date

Telephone

Jan 12 2010

(858) 617-2000